

EXHIBIT A

APPLICATION FOR MEMBERSHIP

LOCAL 1660

Home Healthcare Workers of America
93 Lake Avenue, Suite 103 • Danbury, CT 06810 • (203) 205-0701

I apply for membership in LOCAL 1660 and designate this Union to represent me for collective bargaining with my employer.

Name: ABDULLAYEVA, Tatyana

Address: _____

Email: _____

Employer: Attending Home Care

Date: 4/13/16 Signature: X [Signature]

CHECKOFF AUTHORIZATION

I direct my employer to deduct from my wages and to pay to LOCAL 1660 dues and initiation fees in said Union as may be established by the Union and become due to it from me during the effective period of this authorization. This authorization may be revoked by me by written notice signed by me as of any anniversary date hereof or termination date of any collective bargaining agreement covering my employment, whichever occurs sooner. This authorization shall automatically renew unless written revocation is submitted.

Date: 4/13/16 Signature: X [Signature]

SEE IMPORTANT NOTICE ON REVERSE REGARDING LEGAL RIGHTS